

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16042**
2292

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY JACKSON		b. STATE Missouri		c. COUNTY JACKSON		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 35 yrs		c. CITY OR TOWN KANSAS CITY		STREET ADDRESS (If rural, give location) 401 So Elmwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST MARYS HOSP.				3. NAME OF DECEASED (Type or Print)			
a. (First) Billy		b. (Middle)		c. (Last) MERRICK		4. DATE OF DEATH (Month) (Day) (Year) MAY 20 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH MAY 17 1897	
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STANDARD Oil		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (City and State or Foreign Country) DADE Co Mo		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME SETH MERRICK		13b. MOTHER'S MAIDEN NAME NORA BECKHAM		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-10-0643		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS NORA MERRICK 401 So Elmwood			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		DUPLICATE OF (b) Hypertension				5 days	
DUPLICATE OF (c) General Atherosclerosis		DUPLICATE OF (d) 33 1/2				10 years	
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE OF (e) 12 years				33 1/2	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 5 , 19 54 , to May 20 , 19 54 , that I last saw the deceased alive on May 20 , 19 54 , and that death occurred at 5:40 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert L. Ward, M.D.				23b. ADDRESS 1002 Argyle		23c. DATE SIGNED 5-21-54	
24a. BURIAL, CREMATION (REMOVAL) (Specify) Burial		24b. DATE MAY 22, 1954		24c. NAME OF CEMETERY OR CREMATORY PENNS BORO Cem.		24d. LOCATION (City, town, or county) (State) Miller MO	
DATE REC'D BY LOCAL REG. 5-21-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE John P. Keith		ADDRESS K.C. MO.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Robert L. Ward, MD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Thomas A. Sheil*.....

Licensed Embalmer No. *49*.....

P. O. Address *X.C.M.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.